

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

| | | | | | |
|---|--|--|--|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Senate Conservatives Fund | | | FEC IDENTIFICATION NUMBER ▼ C C00448696 | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | | |
| Full Name of Payee Senate Conservatives Fund | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014 | | |
| Mailing Address PO Box 388 | | | Amount 173.20 | | |
| City Alexandria | | State VA | Zip Code 22313-0388 | | Transaction ID : E4F6F079FD06140FD9D7 |
| Purpose of Expenditure IE-Sasse-Online Processing | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014 | | |
| Name of Federal Candidate Benjamin E Sasse | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014 | | |
| Full Name of Payee Conservative Connector LLC | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014 | | |
| Mailing Address 435 East Main St. Ste. 250 | | | Amount 4944.45 | | |
| City Greenwood | | State IN | Zip Code 46143-1464 | | Transaction ID : ED6770DD0614743B1927 |
| Purpose of Expenditure IE-Sasse-Email List Rental | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014 | | |
| Name of Federal Candidate Benjamin E Sasse | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014 | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | | | 5117.65 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | | | | | |
| (c) TOTAL Independent Expenditures..... ► | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Paul Kilgore | | [Electronically Filed] | | Date MM / DD / YYYY 10 / 28 / 2014 | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
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|---|--|--|--|
| NAME OF COMMITTEE (In Full) Senate Conservatives Fund | | FEC IDENTIFICATION NUMBER ▼ C C00448696 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Senate Conservatives Fund | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014 | |
| Mailing Address PO Box 388 | | Amount 677.40 | |
| City Alexandria | State VA | Zip Code 22313-0388 | Transaction ID : EFA9A7D1C35884C29977 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014 |
| Purpose of Expenditure IE-Sasse-Online Processing | | Category/Type | |
| Name of Federal Candidate Benjamin E Sasse | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE |
| Calendar Year-To-Date Per Election for Office Sought 99104.65 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014 | |

| | | | |
|---|-------|---|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure | | Category/Type | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 677.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | 5795.05 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
10 / 28 / 2014

Signature